

## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
 Commissioner for Patents  
 P.O. Box 1450  
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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

00201 7590 04/21/2004

UNILEVER  
 PATENT DEPARTMENT  
 45 RIVER ROAD  
 EDGEWATER, NJ 07020

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.

Sally Aldahondo	(Depositor's name)
<i>Sally Aldahondo</i>	(Signature)
July 20, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/764,735	01/17/2001	Katrin Dagmar Clarkson	J3515(C)	6620

TITLE OF INVENTION: ANTI-MICROBIAL COMPOSITIONS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	07/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PAK, JOHN D	1616	424-065000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kevin J. Stein

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Unilever Home & Personal Care USA 325 North Wells  
 Division of Conopco, Inc. Chicago, ILL. 60610

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 10

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-1155 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

07/20/04

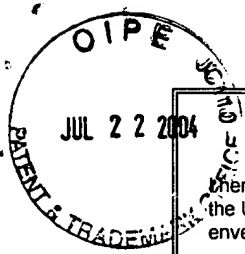
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Alexandria, Virginia 22313-1450.

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07/23/2004 DEMMANU2 00000092 121155 09764735  
 01 FC:1501 1330.00 DA  
 02 FC:1504 300.00 DA  
 03 FC:8001 30.00 DA

TRANSMIT THIS FORM WITH FEE(S)



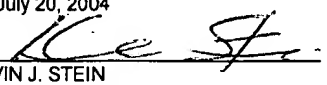
**CERTIFICATE OF MAILING**

**PATENT**

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On July 20, 2004

  
KEVIN J. STEIN  
Reg. No.: 47,966  
Attorney for Applicant(s)

07/20/04  
Date of  
Signature

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Customer No.: 000201  
Attorney Docket No.: J3515(C)  
Applicant: Clarkson et al.  
Serial No.: 09/764,735  
Confirmation No.: 6620  
Filed: January 17, 2001  
For: Antimicrobial Compositions  
Group: 1616  
Examiner: J. Pak  
Edgewater, New Jersey 07020  
July 20, 2004

**ISSUE FEE TRANSMITTAL**

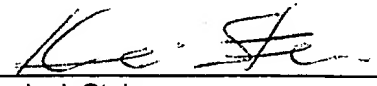
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Sir:

With regard to the above-identified patent application, Applicants(s) are enclosing herewith "Issue Fee" Transmittal Forms PTOL-85(b). Fifteen (15) soft copies of the printed patent are hereby requested.

Please deduct the \$1,330.00 Issue Fee Payment, \$300.00 Publication fee and \$45.00 for 15 soft copies of the printed patent from Deposit Account No. 12-1155. Any deficiency or overpayment should be charged or credited to this Deposit Account. This authorization is submitted in triplicate.

Respectfully submitted,

  
Kevin J. Stein  
Registration No. 47,966  
Attorney for Applicant(s)